

SENDER: COMPLETE THIS

DELIVERY

- Complete items 1, 2, and item 4 if Restricted Delivery
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

CERTIFIED MAIL

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

12-2-11

1. Article Addressed to:

Kenneth L. Lawson
332 Brookhaven St.
Cincinnati, OH 45215

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7010 3090 0000 8524 8274

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540